

REQUEST FOR SERVICE

(DTS USE ONLY)

CUSTOMER REPRESENTATIVE _____ DATE RECEIVED _____ DATE ENTERED _____ SR # _____ SR _____
CUSTOMER REPRESENTATIVE PHONE _____ ☐ AA ☐ AX ☐ IM ☐ IX

REQUEST TITLE:

REQUESTED
COMPLETION DATE:

SUBMITTER:

NAME _____
DEPT. _____
PHONE _____
CALNET _____
FAX _____
E-MAIL _____
BILLING PREFIX _____
CUST. REQUEST NO. _____

DEPARTMENT AUTHORIZATION:

*I certify that this request directly relates to
services offered by the Data Center.*

(SIGN) _____
(PRINT) _____
(DATE) _____

ESTIMATED COSTS (IF KNOWN):

MONTHLY COST \$ _____
ONE-TIME COST \$ _____
INSTALLATION COST \$ _____
CONSULTING CHARGE \$ _____
EXPEDITE CHARGE \$ _____

OR, CHECK APPROPRIATE FIELD BELOW:

_____ RATES _____ TBD _____ NO CHARGE

SUMMARY OF REQUEST (Components must be clearly identified. Attach additional pages if necessary):

Is this request subsequent to a consulting contract and a "follow-on contract" as defined and addressed in SB 1467 (FY 2001-02); and Chapter 2 of the Public Contract Code (beginning with section 10290, specifically section 10365.5). Yes _____ No _____

If yes, provide name of consulting contract vendor: _____

Per SB 1467, this vendor will not be included in the procurement processes necessary to obtain the requested goods/services.

CHECK ALL APPLICABLE BOXES:

- ☐ **EQUIPMENT/COMMUNICATIONS** - Describe the type, quantity, vendor, model, serial number (if applicable), etc.
- ☐ **SOFTWARE** - Provide the name, version and description of the acquisition or modification and the vendor's name and phone number.
Also include the description of any 'pre' or 'co' requisite software.
- ☐ **SERVICES** - Describe what is needed and by whom.
- ☐ **MAINTENANCE** - Specify maintenance requirements and length of service for software and hardware.

DELIVERY ADDRESS

(Street, Room Number, City and Zip Code)

CONTACT PERSON

PHONE/FAX NUMBERS

E-MAIL

INSTALLATION ADDRESS

(Street, Room Number, City and Zip Code)

CONTACT PERSON

PHONE/FAX NUMBERS

E-MAIL

Complete The Compliance and Security Requirements Sections On The Reverse Side

WHEN TO SUBMIT A REQUEST FOR SERVICE

- The customer requires a service, equipment/communications or software from DTS.
- The customer requires changes to an existing service, equipment/communications or software.
- The customer requests "information only" from DTS (e.g., cost estimates to implement new services or increased workloads).

COMPLIANCE REQUIREMENTS:

A signed certification of compliance with DOF/TOSU policies is required for any project involving new or enhanced information technology purchases. (SAM Sections 4819.41 and 4832)

CHECK ONE: ☐ Certification Attached ☐ Certification Not Required*

Section 11.00 of the Budget Act requires an Application to DOF/TOSU and a 30-day notification to the Legislature for certain information technology contracts and contract amendments.

CHECK ONE: ☐ Application Submitted ☐ Not Applicable

*EXPLAIN: _____

SECURITY REQUIREMENTS:

SECURITY IMPACT: ☐ YES ☐ NO CUSTOMER ISO AUTHORIZATION: _____

NOTE: The Departmental Information Security Officer must review all requests for security compliance and sign the form.

SECURITY CHECKLIST:

1. DOES THIS REQUEST REQUIRE CONSULTING FOR SECURITY OR OPERATIONAL RECOVERY? ☐ YES ☐ NO
2. DOES THIS REQUEST INVOLVE CONFIDENTIAL OR SENSITIVE DATA? ☐ YES ☐ NO
3. DOES THIS REQUEST INVOLVE DIAL-IN LINES? ☐ YES ☐ NO
4. WILL NON-STATE USERS BE ACCESSING THE SYSTEM/DATA? ☐ YES ☐ NO
5. WHICH SYSTEM(S) WILL YOUR APPLICATION BE UTILIZING?
☐ OV/SWIFT ☐ MVS ☐ VM ☐ TSO ☐ UNIX ☐ CICS ☐ OTHER _____
6. WHICH DBMS WILL YOUR APPLICATION BE UTILIZING?
☐ IDMS ☐ ADABAS ☐ ORACLE ☐ TERADATA ☐ DB2 ☐ NONE ☐ OTHER _____

NOTE: If you answered "YES" to any of these questions, you must check "YES" in the Security Impact section.

MAIL COMPLETED FORM TO:

DEPARTMENT OF TECHNOLOGY SERVICES

Customer Services Branch

P.O. Box 1810

Rancho Cordova, CA 95741-1810

Phone: (916) 464-3967 CALNET: 433-3967

FAX: (916) 464-4287

Or

IMS Code: F-14

(DTS USE ONLY)

EXECUTIVE DECISION

☐ APPROVE ☐ DISAPPROVE ☐ DEFER ☐ OTHER

COMMENTS: _____

SIGNATURE: _____ DATE: _____